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CONFIRMATION NO. 8601

<b>SERIAL NUMBER</b> 10/785,430	<b>FILING OR 371(c) DATE</b> 02/23/2004 <b>RULE</b>	<b>CLASS</b> 356	<b>GROUP ART UNIT</b> 2877	<b>ATTORNEY DOCKET NO.</b> KLA1P117X1F/P1151/7
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/729,838 12/05/2003 and claims benefit of 60/504,093 09/19/2003  
 and claims benefit of 60/449,496 02/22/2003  
 and claims benefit of 60/498,524 08/27/2003

OK 1002/27/07

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

None 1002/27/07

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 05/14/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 21 20	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: _____				

**ADDRESS**

61736

no  
02/27/07**TITLE**

Apparatus and methods for detecting overlay errors using scatterometry

<b>FILING FEE RECEIVED</b> 918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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